PTO/SB/17 (06-07)

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Approved for use through 06/30/2007. OMB 0651-0032

JUN 15 2007 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paper Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effecti	ve on 12/08/2	1004. ntinna Ant. 2005 (U.S. 42)	L		Complete if Known			
Trees pursuant to the Consolida	nea Appropri	alions Act, 2005 (H.R. 481	6). A	Application Num	ber	0/721,797		
FEE TRANSMITTAL			- F	iling Date	1	November 26, 2003		
For FY 2007		F	First Named Inv	entor A	ALARCON et al.			
Applicant claims small entity status. See 37 CFR 1.27		E	Examiner Name	E	BERHANU, ETSUB D			
Applicant claims small	entity status	5. See 37 CFR 1.27	—[<i>F</i>	Art Unit	3	768		
TOTAL AMOUNT OF PAY	//ENT (\$)	180.00	F	Attorney Docket	No. F	P-6013		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 02-1666 Deposit Account Name: Becton, Dickinson and Co.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEAR Small Entity				H FEES	EXAM	NATION FEES		
Application Type	Fee (\$)		e (\$)	Small Entity Fee (\$)	Fee (Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150 5	00	250	200	100		
Design	200	100 1	00	50	130	65		
Plant	200	100 3	00	150	160	80		
Reissue	300	150 5	00	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Small Entity Fee (\$) Fee (\$) 25 200 100 360 180								
Total Claims	Extra Clair		Fee Paid (\$)			Multiple Dependent Claims		
- 20 or HP =		_ x=				Fee (\$)	Fee Paid (\$)	

Other (e.	\$180.00			
SUBMITTED BY	,	0		
Signature	1	I wordy Mergy	Registration No. (Attorney/Agent) 38,241	Telephone 919 597-6276
Name (Print/Typ) J. T	, , ,		Date June 13, 2007

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Number of each additional 50 or fraction thereof

(round up to a whole number) x

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

Indep. Claims

- 3 or HP =

3. APPLICATION SIZE FEE

Total Sheets

4. OTHER FEE(S)

Extra Claims

Extra Sheets

Non-English Specification, \$130 fee (no small entity discount)

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$)

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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PTO/SB/21 (04-07)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/721,797 TRANSMITTAL Filing Date November 26, 2003 First Named Inventor **FORM** ALARCON et al. JUN 15 2007 Art Unit 3768 Examiner Name BERHANU, ETSUB D ed for all correspondence after initial filing) Attorney Docket Number P-6013 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request Request for Refund **Express Abandonment Request** CD, Number of CD(s) _ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Supplemental Information Disclosure Statement Reply to Missing Parts/ Incomplete Application Copies of Cited Foreign References (2) Reply to Missing Parts Form PTO/SB/08A under 37 CFR 1.52 or 1.53 Fee Transmittal SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name BECTON, DICKINSON AND COMPANY Signature Printed name J. TIMOTHY MEÍGS Date Reg. No. 142 38,241 3 2007 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Ballow Date 6-13-07 Gail C. Ballew Typed or printed name

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